

MASSACHUSETTS ANIMAL FUND SPAY/NEUTER VOUCHER PROGRAM

Animal control officers and participating spay/neuter providers should use this form to request spay/neuter vouchers from the Mass Animal Fund in the following cases:

ACO: to spay/neuter a homeless dog or cat held at a municipal animal control facility

Owned: to spay /neuter a dog or cat owned by a low-income resident of Massachusetts, who receives assistance through a state program (TAFDC, SSI, VS, SNAP, WIC, etc.)

Feral: to spay/neuter a homeless, un-owned, free-roaming, unsocialized cat.

Requester Information

OFFICE USE ONLY

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Approved:

Numbers:

This section should reflect the information of the animal control officer or spay/neuter provider requesting the voucher. Please use a separate line for each voucher requested on this form up to 5. Do not write owner information in this section **Please note: requests directly from owners or public are not accepted.**

Requester Information

Upon completion, submit this form to Sheri Gustafson or Cary Payton by mail, email, or fax.

Mail: Massachusetts Animal Fund, 251 Causeway Street, Suite 500, Boston, MA 02114

 $Email: \underline{Cary.Payton@mass.gov} \text{ , } \underline{Sheri.Gustafson@mass.gov} \text{ Fax: 617-626-1850}$

Annual Control Officer										vetermary Frovider						
Name							Email	Email								
Address							Phone	Phone								
									Munici	Municipality						
	Voucher Information															
Number of Vouchers Requested										1	2	3	4	5	5	
	Туре			Animal		Sex		Approximate Weight			Owner i				r information	
	ACO	Owned	Feral	Cat	Dog	M	F	<50lbs	>50lbs		Owner name				Owner phone number	
1																
2																
3																
4																
5																
	. <u></u>		<u> </u>													

Staff:

2 3 4

Date:

Number: